

STATE OF COLORADO



PRIVACY NOTICE

Effective April 14, 2004

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Why have you been sent this Notice?

The Department of Personnel & Administration (the Department) is required under the Medical Privacy Rules of the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d – 1320d-8, and its implementing regulations, 45 C.F.R. Parts 160 and 154, (HIPAA) to provide all state employees eligible to participate in certain health plans with this privacy notice. This notice concerns the personal, protected health information you have provided to the Department and any third party administrators in connection with the flexible spending account provisions of the State of Colorado Salary Reduction Plan. The Department takes your privacy seriously. Your information will not be used or disclosed without your written authorization, except as described in this notice or as otherwise permitted by Federal and State law.

How do we use your information?

We restrict access to your personal information to those employees of the Department who need to know the information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with HIPAA regulations to protect the security of your personal information. The Department uses your protected health information without your authorization for purposes of treatment, payment, or health care operations, which are explained below:

- Treatment is health care. For example, the Plan may disclose PHI and confirm your plan eligibility so that treatment is provided to you.
- Payment is paying claims for health care and related activities. For example, the Plan may disclose your protected health information to adjudicate claims and appeals.
- Health Care Operations is the administration and operation of the plan. For example, the Plan may disclose your information to evaluate the quality of service that you receive.

With whom do we share your information? The Department may share your protected health information without your written authorization to the vendors that assist the Department in providing services to you for the plans. If we share your information, we will ensure that the vendors do not disclose or use your information for any other purpose, except as permitted by HIPAA and other law.

When do we share your information?

There are limited circumstances when the Department is permitted or required to disclose health information without your signed permission. These situations include:

- to keep you informed of health related benefits or services that may be of interest to you,
- health insurance carriers may disclose certain information to the plan sponsor, which is the Department,
- for public health purposes,
- for medical emergencies,
- for use by medical examiners, coroners and funeral directors and organ donation organizations,
- for judicial and administrative proceedings and law enforcement purposes,
- for specialized government functions, such as military, intelligence and correctional activities,
- when otherwise required by law,
- other uses and disclosures will be made only with your written authorization and you may revoke an authorization as permitted under the HIPAA privacy rule.

Effective Date: April 14, 2004

What are our duties?

The Department is required by law to:

- maintain the privacy and security of your health information,
- provide this notice of our duties and privacy and security procedures,
- follow the procedures described in this notice,
- the Department reserves the right to change privacy and security procedures and make the new procedures effective for all information that the Department maintains. Revised notices will be made available to you.

What are your rights?

You have the right to:

- request that the Department restricts how it uses or discloses your health information, the Department will consider your request but is not legally required to agree to it,
- request that the Department communicate with you about health matters in a confidential manner,
- inspect and copy your protected health information (fees may apply),
- request additions or corrections to your protected health information, the Department will consider your request but is not legally required to agree to it,
- receive an account of how the Department has disclosed your information for reasons other than treatment, payment, related administrative purposes and disclosures requested by you,
- obtain a paper copy of this notice upon request.

To contact us.

If you would like to exercise your rights, or if you feel that your privacy rights have been violated or if you need more information, you may write to the Privacy Officer at the following address:

Colorado Department of Personnel & Administration
Division of Human Resources
1313 Sherman Street, First Floor
Denver, CO 80203

All complaints will be investigated and you will not suffer retaliation for filing a complaint. If you believe that your rights have been violated, you may also file a complaint with the Secretary of Health and Human Services in Washington D.C.